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REISSUE PATENT APPLICATION TRANSMITTAL

U.S.PTO
10/680875

10/07/2003

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	R11.12-0662
	First Named Inventor	John A. Kielb
	Original Patent Number	6,300,897
	Original Patent Issue Date (Month/Day/Year)	October 9, 2001
	Express Mail Label No.	EV178019807US

APPLICATION FOR REISSUE OF:	<input checked="" type="checkbox"/>	Utility Patent	<input type="checkbox"/>	Design Patent	<input type="checkbox"/>	Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS				
1.	<input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	<input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).				
2.	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	<input checked="" type="checkbox"/> Original Patent Grant				
3.	<input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant				
4.	<input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)				
5.	<input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)	<input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)				
6.	<input checked="" type="checkbox"/> Power of Attorney	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations				
7.	<input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	<input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)				
	<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	<input checked="" type="checkbox"/> Preliminary Amendment				
	<input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)	<input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
8.	<input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	<input type="checkbox"/> Other: <u>Check in the amount of \$1,208.00</u>				
9.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)					
a.	<input type="checkbox"/> Computer Readable Form (CFR)					
b.	Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper					
c.	<input type="checkbox"/> Statements verifying identity of above copies					

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number:			OR	<input type="checkbox"/> Correspondence address below
Name	Christopher R. Christenson			
Address	WESTMAN, CHAMPLIN & KELLY, P.A., Suite 1600 International Centre 900 Second Avenue South			
City	Minneapolis	State	MN	Zip Code
Country	USA	Telephone	612-334-3222	Fax
Name (Print/Type)	Christopher R. Christenson	Registration No. (Attorney/Agent)	42,413	
Signature	<u>Christopher R. Christenson</u>	Date	10/07/03	

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL

Complete if Known	
Application No.	
Filing Date	Herewith
First Named Inventor	John A. Kielb
Title	STABILIZATION RADAR LEVEL GAUGE
Group Art Unit	
Examiner Name	

Total Amount of Payment \$ 1208 Atty. Docket Number R11.12-0662

METHOD OF PAYMENT (Check One)

1. The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P.A.

2. Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	Fee Description
1001	770	2001	385	<input type="checkbox"/> Utility Filing Fee
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee
1004	770	2004	385	<input checked="" type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee
				Subtotal (1) \$ 770

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	30	20	10	18	180
Indep.	6	3	3	86	258

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claims
1204	86	2204	43	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent
				Subtotal (2) \$ 438

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid (\$)
1051	130	2051	65 Surcharge - Late filing fee or oath
1052	50	2052	25 Surcharge - Late provisional Filing Fee or cover sheet
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For Filing a Request for Reexamination. (ex parte)
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1814	110	2814	55 Terminal Disclaimer Fee
1452	110	2452	55 Petition to Revive - unavoidable
1453	1,330	2453	665 Petition to Revive - unintentional
1501	1,330	2501	665 Utility/Reissue issue fee (inc. advance copies)
1502	480	2502	240 Design issue fee (inc. advance copies)
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Petitions related to provisional applications
1806	180	1806	180 Submission of Information Disclosure Statement
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
Other Fee (specify) _____			

Signature C. Christenson
(Christopher R. Christenson)

Reg. No. 42,413

Date 10/1/03

BEST AVAILABLE COPY Deposit Account No. 23-1123